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A CASE

OF

OVARIOTOMY.

(SUCCESSFUL.)

BY

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A CASE OF OVARIOTOMY.

The following is the history of this case as given to me by Dr. E. A. Vogt, the family physician :

Mrs. Maria A. Bodeman, residing on St. Charles Rock Road, near Rinckles; married; aged 55; German; tall and slender; mother of five children, three grown and two dead. She is of good constitution. Consulted me on the 19th of January, 1878, on account of an enlargement in her abdomen, which was gradually increasing; her right foot was swollen; she suffered from constipation and sometimes retention of urine; her appetite was good and she slept well. She stated that seventeen years ago she perceived a small hard lump in her right side, and at the same time her menses ceased to appear. Her abdomen gradually enlarged, and she believed herself pregnant. Not feeling very well, she consulted Dr. Heitzig, who informed her that she was not *enciente*; he gave her a prescription. After she took the medicine the swelling disappeared, leaving a small hard lump in her right side. This was not followed by any deterioration of her health until within the last two months, when her abdomen began rapidly to increase in size. On palpation I perceived a partly hard and partly soft elastic tumor in the right iliac region, extending somewhat to the left of the median line; very slightly movable; no pain on pressure. Per vaginal examination revealed uterus of normal depth, movable, and fundus drawn a little to the right side; ordered four grains of iodide of potassium every two hours; the compound iodine ointment, with extract of *beladonna*, to be applied externally morning and night. Gave my opinion as to the presence of an ovarian tumor which, unless diminished by the medicine, would require extirpation to save her life. Under this treatment the patient, for the first few weeks, thought that she was improving and the tumor diminishing. On the 18th of February I saw her again; the tumor was now much enlarged; called Dr. Hall in consultation, who confirmed my diagnosis, and I told her that an early operation would be all that could relieve her.

E. A. V.

This case then came into my hand. A close examination was

made and a multilocular tumor diagnosed with several hard tumors attached, which we thought might possibly be fibroids with adhesions. Uterus movable; the tumor had increased very much in the last two months; the patient being very tranquil, having a calm, resolute appearance, but not exactly the *facies ovariana* (after Wells) and willing to undergo anything for relief.

The danger of the operation having been fully explained to her and husband, she decided in favor of the operation for the 4th of March. In the interval, the friends of the patient being desirous of the opinion of another surgeon, it was agreed to consult Prof. John T. Hodgen; accordingly we met the Doctor at his office. He examined the patient very carefully, and gave it as his opinion that the case was one of multilocular tumor with adhesion, probably very short and broad pedicle; thought the case not very favorable for an operation; advised to wait a while longer, unless the tumor grew rapidly, and not to operate as long as the patient was comfortable. Upon this decision the patient was sent home to remain under the care of the family physician for observation. However, the tumor grew rapidly, the patient feeling very uncomfortable, suffering from difficulty of breathing, constipation and pain. I was informed by the family physician that the patient had determined to have the operation performed, and requested me to be ready by Tuesday morning, March 19th. Under these circumstances I agreed to operate. I may here take opportunity to state that I, as well as the above-named gentlemen and the patient, were exceedingly sorry that Dr. John T. Hodgen could not possibly be present during the operation. The next choice was Dr. Louis Bauer, whom I accordingly invited. Everything was well prepared for the operation; the room was well whitewashed, the floor well scrubbed with chloriate of soda and water; towels and bed sheets rinsed in a like solution; all furniture removed; clean wash basins, etc.; a single bed with a new mattress (ready made), and the whole covered with a rubber cloth. Previous to the operation the patient took one grain of opium at 9 o'clock and one grain at 10 o'clock; she was wrapped in flannel blankets, with warm water bottles to her feet. Dr. Louis Bauer, who saw the patient for the first time, examined her very carefully, and thought the case was not unfavorable. This decision for the operation was confirmed by the concurrence of all concerned. The patient was then placed in bed, and Dr. Charles J. S. Digges administered the chloroform, the patient taking it very kindly.

Dr. Hiram Christopher took charge of the sponges, which I had previously prepared by washing in a weak solution of nitric acid, and then in a solution of soda; then well soaked in carbolic acid water. During the operation the sponges were washed in carbolic acid water, and then dipped in artificial serum before being used again. The Doctor rendered admirable assistance. Dr. E. A. Vogt took position on the right of the patient, supporting the abdominal walls, which office he performed excellently. No

intestines or omentum protruded. Mr. Alex. Hebrun, of the firm of A. M. Leslie & Co., surgical instrument maker, took charge of the steam atomizer, which he handled well.

The room's temperature was 75° to 80° Fahrenheit. A solution of iodide of potassium and iodine in water was placed on the stove to fumigate the room. All the assistants washed their hands in carbolic acid and rinsed them in artificial serum. Distilled water, warm and cold, only was used. The instruments, before being used, were dipped in carbolic acid water.

Having thus everything well prepared and ready, with the assistance of Dr. Louis Bauer on the left of the patient and opposite me, I proceeded and made an incision in the linea alba from the umbilicus to within one and a-half inches of the pubis. The cellular tissue was a little cedematous. I divided layer after layer down to the peritoneum, waited till all bleeding, which was remarkably little, had ceased, the patient not losing more than a teaspoonful of blood during the whole operation; no artery needed tying. I opened the peritoneum and exposed the tumor. There was no adhesion with the exception of three small ribbon-like connections with the peritoneum on the right side, very vascular, which were tied each by carbolized linen thread, cut short. I introduced a trocar into the cyst and drew off nearly a bucket full of dark fluid of a greenish-brown color, very tenacious and gelatinous.¹ There was only this one large cyst to be emptied of fluid, besides which it contained hard masses of lobulated degenerated substances.

The pedicle was long and thin. I applied a Dawson's clamp; below this a double catgut ligature; removed the tumor with a pair of serrated scissors, then removed the clamp (there was no bleeding) and dropped the pedicle into the pelvic cavity, which needed very little sponging.

The wound, which on account of the contraction of the abdominal parietes, now measured only four inches, was closed with four deep doubled silk ligatures; a strip of pasteboard, previously well soaked in carbolized oil and dried, was used after the manner of the quilled suture. Seven superficial silk ligatures were next put in, all being well carbolized and waxed. The wound was dressed with lint and carbolized glycerine; cotton prepared with salicylic acid was used as a cover;² then the abdomen was surrounded by a carbolized gauze bandage. One-

1. The liquid contained in the cyst coagulated on the application of heat and nitric acid. On microscopic examination of the fluid it was found to contain abundance of blood corpuscles and degenerative tissue. The reaction was alkaline; the degenerated tissue was perhaps fatty degenerated epithelial cells; but I could not find a single distinct epithelial, nor pus cell. The walls of the cyst were thick and dense. The peritoneum lining the abdominal wall was remarkably thick, and so dense that it was with difficulty that I could thrust a needle through it.

2. The cotton was prepared as follows: Salicylic acid \mathfrak{z} i, dissolved in sulph. ether \mathfrak{z} ij. This was sprinkled over the cotton and allowed to evaporate, which left the acid on the cotton according to Dr. Prince's method

half of a grain of morphine was subcutaneously injected, the rubber blanket removed, and four hoops fixed to the bed to keep the cover from the abdomen.

The patient rallied admirably from the anæsthesia; no vomiting. The tumor and its contents weighed 18 pounds and 9 ounces; the cyst alone 4 lbs. 3 oz.; there probably escaped in addition to this 7 to 10 lbs. of fluid on the floor. The operation lasted 45 minutes from the beginning till the dressing was completed. No one was allowed to enter or leave the room during the operation. Afterwards no one except the nurse was allowed in the room. Carbolic acid spray was used every few hours afterwards. Pulse before operation, 76; after operation, 87; temperature, $95\frac{3}{5}^{\circ}$; respiration 30. Immediately after operation $\frac{1}{2}$ gr. morphia, subcutaneously. One hour after this three grains of opium per mouth, and followed by one grain every two hours. I remained with my patient till 4 o'clock P. M. She was quiet and in good spirits; skin moist; gave her a little cold milk porridge and water. Was relieved by Dr. Vogt, who remained till 11 o'clock P. M. Pulse, 98; temperature, 101° ; respiration 30. I then took charge again, remaining up all night till 8 o'clock next morning. Drew a half a pint of clear urine by catheter. Patient slept three hours during the night. Pulse, 95; temperature, $103\frac{1}{2}^{\circ}$; respiration, 28. Takes milk and ice. Left her in charge of Sister Franzisca of the St. Marien Convent. Noon, pulse, 90; temperature, 102° . Evening, pulse, 100; temperature, 105° ; respiration, 30.

Slept a little during the day. Passed a gallon of urine. Vagina and neck of uterus is hot but not tender. During night, pulse, 90.

21ST.—Morning, pulse, 100; temperature, 104° ; respiration, 28. Noon, pulse, 90; temperature, $102\frac{1}{2}^{\circ}$. There was no pain; no symptoms of peritonitis. Introduced two fingers into the rectum to let flatus pass. Evening, pulse, 110; temperature, 104° ; respiration, hurried; enemata of inf. of mentha viridis; flatus passed well. The excitement was produced by mental emotion, from domestic causes and not from her condition. Her tongue was dry; thirst quenched by ice and cold milk. During the night the pulse was 89; temperature, 100° ; passed urine.

22ND.—The patient is cheerful. Morning, pulse, 88; temperature, 100° ; respiration, 25. Evening, pulse, 95; temperature, 101° . During night, pulse, 90; temperature, 101° .

23RD.—Morning, pulse, 88; temperature, $99\frac{1}{2}^{\circ}$. Uterus and vagina not hot nor tender to touch. The patient took raw egg and iced milk. Noon, pulse, 88; temperature, 100° . Evening, pulse, 96; temperature, 100° ; respiration, 23. Increased the opium to two grains every three hours. Looked at the wound, which was healed without any suppuration.

24TH.—Evening, pulse, 86; temperature, 99° ; respiration, 22. Patient rested well and complained of not having enough to eat.

25TH.—Afternoon, pulse, 80; temperature, 99° ; respiration, quiet; tongue, moist. Removed the four deep seated sutures and two superficial sutures. Not a drop of matter, but a little induration around wound; some gas in intestines. Treatment continued.

26TH.—Pulse, 80; temperature, $99\frac{1}{2}^{\circ}$ at noon; sleeps well; passes urine freely; is tranquil.

27TH.—At noon, pulse, 86; temperature, 99° ; respiration, 22. Removed all stitches, wound healed and not a drop of pus; dressed with vaseline, enemata of soap water and ol. ricini; had a good evacuation and flatus passed; skin moist; treatment continued; allowed pigeon broth.

28TH.—Pulse, 90; temperature, 100° ; respiration, 18. An evacuation of the bowels followed an enema. Slept well; skin and tongue moist.

29TH.—Pulse, 86; temperature, $98\frac{1}{2}^{\circ}$; respiration, normal. Slept well; had three natural evacuations of the bowels.

30TH.—Pulse, 86; respiration and temperature normal. Slept well; passed water. Ordered chocolate. Wound looks well; no suppuration; abdomen natural and soft; skin and tongue moist. She is left in the care of her family physician, Dr. Vogt.

APRIL 4th.—Saw the patient for the last time with the family physician. She was able to sit up in bed; pulse, respiration, temperature and secretions normal; ordered a dose of five grains of quinine to be taken every day for a few days. Nurse discharged.

Her husband informed me, on the 11th of April, that she had been walking in the garden for two days.

The family physician writes me, on April 20th, as follows: "Saw Mrs. Bodeman April 6th; she was in every respect doing well. April 15th found her working in her garden; says she feels now like one having new life."

From the above report it will be seen that the patient made a quick and uninterrupted recovery, being able to walk about on the 21st day after the operation.

She has taken in all 102 grains of opium and one-half grain morphine—the latter hypodermically.

The success of this case may be attributed to the favorable circumstances surrounding the patient. She was in good health and spirits, feeling confident that she would survive the operation, and I think the time for the operation was well selected, for had this been delayed, had her health began to fail, and had the tumor grown larger, the prospect might not have been as good as it is now. The weather also was very favorable, the temperature being mild. She had excellent nursing. Although her room was on the lower floor, yet it had windows to the east and west, and doors on the north and south. She had the benefit of country air. Undoubtedly a part of the credit must be given to the careful and scrupulous preparations, and, although some surgeons do not put much faith in Lister's antiseptic

method, yet one thing is certain, that to follow it enforces discipline and care, which is essential to success.

In conclusion I wish to express my sincere thanks to Dr. Louis Bauer for the promptitude with which he rendered me his valuable assistance; and to Dr. E. A. Vogt for carrying out so carefully all directions given him in the preparation and the after treatment of the patient. Also to the other gentlemen for their assistance, and to Sister Franzisca for her faithful discharge of her arduous and responsible duty.

3613 NORTH NINTH STREET.
